**Please COMPLETE and email this form to:** [**cinsw-screeningandpreventiondata@health.nsw.gov.au**](mailto:cinsw-screeningandpreventiondata@health.nsw.gov.au)

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| **SECTION 1:** Requestor details | | |
| First Name: | Surname: | |
| Organisation: | Position: | |
| Address: | | |
| Suburb: | State: | Post Code: |
| Phone: | Email: | |
| Request Date: | Click here to enter a date. | |
| Request Due Date: | Click here to enter a date. | |

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| **SECTION 2:** Please state briefly the reason you require CITTS data, including how you plan to use or release this data |
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| **SECTION 3:** Do you have ethics approval for your research project? *Note: approval from the NSW Population and Health Services Research Ethics Committee may also be required depending on the nature of the request* | |
| Yes – Approved (please attach submission & approval) | Pending Approval (please attach submission) |
| No |  |

|  |  |
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| **SECTION 4:** Do you intend to publish the data? | |
| Yes | No |
|  |  |
| If yes please provide an estimate of the publication date: Click here to enter a date. | |

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| **SECTION 5:** What type of data do you require? *Note: four separate modules are available* | | | |
| Demographics Data | |  | |
| Campaign Recall Data (*Note: does not include the most recent 12 months of activity*) | |  | |
| Campaign Recognition and Diagnostics Data (*Note: does not include the most recent 12 months of activity*) | | |  |
| Smoking and Quitting Data |  | | |

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| **SECTION 6:** Conditions of release |
| I agree that I will abide by the Terms and Conditions for the disclosure of the CITTS data as outlined in the CITTS Data Access Policy. |

Date

Requestors Signature

Data Custodian Signature  Approved Date

**HPRM Reference (Office use only):** Enter TRIM Reference Number